**DATE**

8/12/21

PRESENTING CLINICAL SIGNS

History: PDH, DVD, Low/normal BG.

Current Medications: HG/NG, Pimobendan 2.5mg q 12 hrs, Ursodiol 50mg q 12 hrs., Pepcid Ac q 12 hrs.

Lab Results: Attached separately.

Radiographs: Attached separately.

Date of Previous IntraPet Ultrasound: 12-16-2019, 5-10-18, 2-5-18.

Sedation: Sedation not required for scan.

Stat Report: STAT report not requested by the veterinarian.

PATIENT

Cupcake Kunkel

SPECIES

Canine

BREED

Shih Tzu

SEX

Spayed Female

AGE

6/06

WEIGHT

12 lbs

INTERPRETED BY

Kathleen Sennello
DVM, MS, Diplomate
ACVIM (Small Animal
Internal Medicine)

HOSPITAL NAME

Veterinary Housecall
Service

REFERRING VET

Dr. Golden

INVOICE

91175

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**Urinary System**

The urinary bladder is moderately distended with anechoic urine. The bladder wall is normal in thickness, but the apical wall is slightly irregular with very mild mucosal irregularities. The trigone, ureteral papillae and visible urethra (to a depth of 2cm) appear normal with no evidence of wall thickening, mucosal irregularities, masses or cystic calculi. The changes are most consistent with cystitis. I recommend urinalysis and culture.

The left kidney has a normal shape and size (3.4 cm). Overall echogenicity is slightly hyperechoic with poor corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There is no evidence of perinephric inflammation or effusion. Pyelectasia in the left kidney is noted and measured 0.36 cm. There is no evidence of nephroliths, infarcts or hydroureter. Renal vasculature is normal.

The right kidney has a normal shape and size (3.3 cm). Overall echogenicity is slightly hyperechoic with poor corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There is no evidence of perinephric inflammation or effusion. Pyelectasia is noted and measured 0.35 cm and a 0.22 cm, non-obstructive nephrolith. There is no evidence of infarcts or hydroureter. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is normal in size measuring 0.71 cm at the caudal pole It is observed in its normal position cranial to the left renal artery. It is largely normal in appearance, but the caudal pole has a small irregularity. It is of uniform echogenicity with no distinct mass effect.

The right adrenal gland is normal in size measuring 0.59 cm at the caudal pole It is observed in its normal position between the cranial aspect of the right kidney and the caudal vena cava. It is normal in appearance (uniformly hypoechoic) and shape with no evidence of a mass effect.

Spleen

The spleen is surgically removed.

Liver

The liver is subjectively normal in size, and echogenicity with smooth peripheral margins. The parenchyma is homogenous echotexture. The visible portions of the vasculature and biliary tract appear normal. No focal nodules or cystic lesions are observed. The gallbladder lumen is moderately distended. The wall of the gall bladder is not thickened and has a smooth mucosal surface. Luminal contents are primarily anechoic. The cystic and common bile ducts are normal/not visible.

Gastrointestinal

The stomach contains minimal luminal contents. It measures at a normal thickness of <0.7cm with some variability due to the presence of rugal folds. The distinction of the gastric wall layers is adequate and there is no impression of reduced peristaltic activity. No masses or focal lesions were observed.

The visualized areas of duodenum, jejunum and ileum have a relatively uniform diameter with minimal fluid distension. Wall thickness is normal. Bowel loops follow a curvilinear path with distinct wall layering maintaining the typical 1:3 muscularis:mucosa layer ratio. The duodenum measured as normal (0.44 cm in wall thickness) and the jejunum measured as normal (0.31 cm.) Visualized peristalsis appears appropriate. There were no focal lesions consistent with obstruction or a mass effect observed.

The ileocecal junction was visualized and exhibited normal intact wall layering and is subjectively of normal thickness. Sections of colon are visualized with formed fecal material and gas shadowing distally. There is no observed focal or generalized colon wall thickening or loss of layering.

Pancreas

The pancreas is prominent and hypoechoic as compared to the surrounding isoechoic mesentery. There is no evidence of nodules or cystic lesions. There is no evidence of regional mesenteric inflammation or fluid.

Free Abdomen

Evaluation of the peritoneal cavity did not reveal any evidence of effusion, or subjective lymphadenomegaly. The Medial iliac nodes appear normal and there was no evidence of a caudal aortic thrombus at the bifurcation. The omentum is of normal uniform echogenicity.

ULTRASONOGRAPHIC FINDINGS

PRIMARY FINDINGS:

Hypoechoic pancreas with surrounding hyperechoic mesentery. The pancreatic changes are most consistent with (moderate) pancreatitis/pancreatic infiltration. I recommend cPLI testing and continued monitoring for improvement or possible development of a pancreatic abscess. Consider FNA if not improving.

Mild mucosal irregularity in the apical portion of the urinary bladder. The bladder mucosal changes could be consistent with cystitis or artifactual due to lack of adequate luminal distension. Bladder neoplasia cannot be ruled out but is considered unlikely in this patient.

Significantly decreased corticomedullary distinction in both kidneys with bilateral pyelectasia. Mild loss of corticomedullary distinction in both kidneys could be consistent with chronic degenerative disease or interstitial nephrosis. Pyelectasia of the left/right kidney could be consistent with pyelonephritis, chronic renal disease, secondary to PU/PD or fluid therapy (if applicable), other.

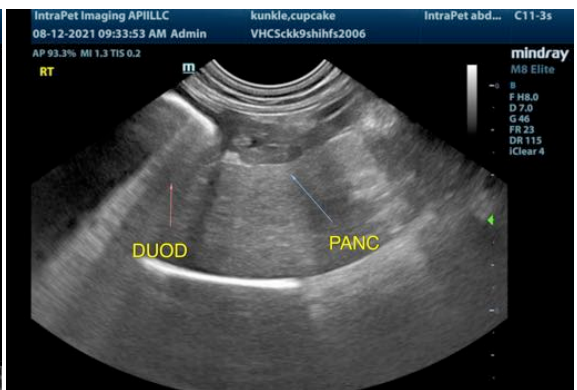
SECONDARY FINDINGS:

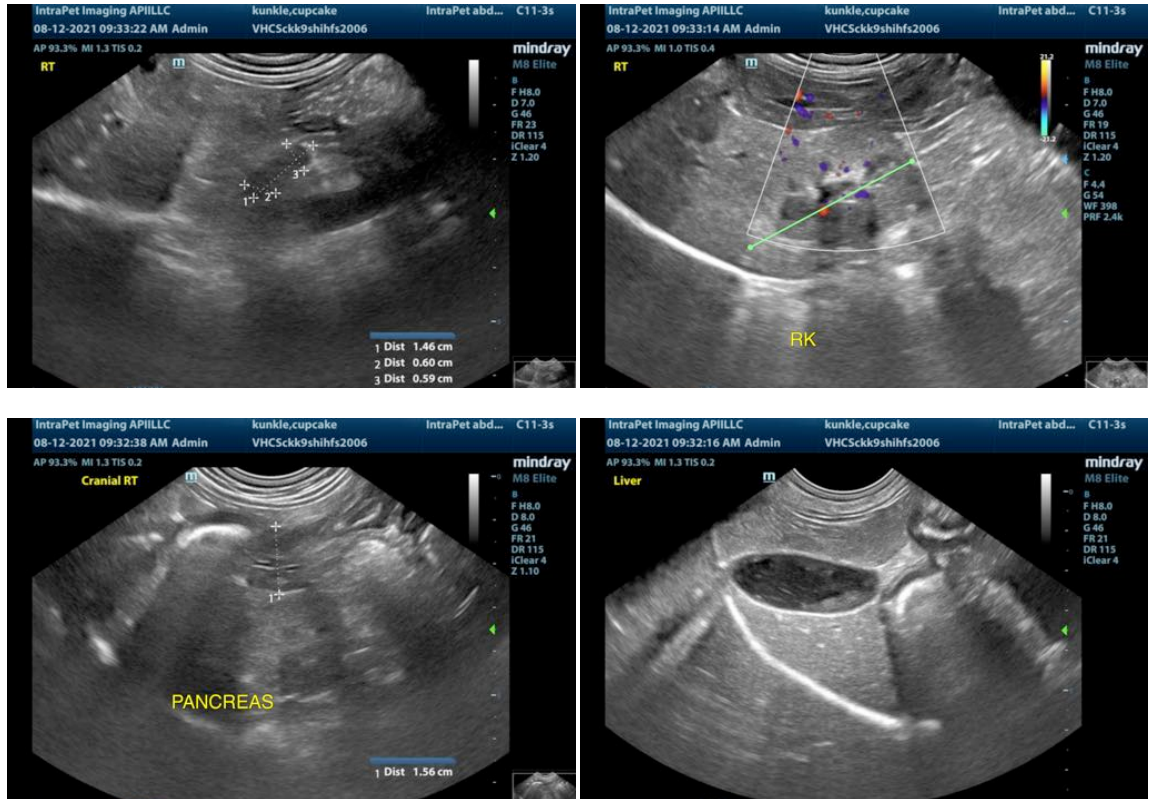
Mildly irregular caudal pole of the left adrenal gland. The significance of this is unclear. It does not appear to be an obvious mass effect. I recommend to continue monitoring.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The ultrasound findings are most consistent with pancreatic disease (active or recovering) and chronic renal disease. I recommend urinalysis and culture to rule out pyelonephritis, blood pressure evaluation and therapy for chronic renal disease. Additionally the bladder mucosa is somewhat irregular. This is most consistent with cystitis. If the urine culture is negative then I recommend to continue to monitor the bladder with ultrasound

(a benign process is favored).





The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

Thank you for this referral. If the clinical or image interpretation does not parallel your findings or if I can be of any further assistance please contact me.

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